

## FCRS Corrective Action Plan from CRSA Administrative Site Review June 5-7, 2007

STNRD#	ADHS Findings	CRS Clinic Comments and/or Recommendations	Plan of Action	Start Date	End Date	Person Responsible	ADHS Comments
CS 15	CRS Flagstaff must provide a project plan for the development and implementation of the capability of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).		The FCRS Project Plan for electronic claims is attached. Please note that this plan in Microsoft Project software. (FCRS Project Electronic Claims)	Ongoing	31-Dec-07	Josie Vaughan with support from Perot	
CC 1	CRS Flagstaff must have a process to assess the cultural and linguistic needs of the population it serves to determine if they are able to meet those needs.		FCRS has included a report summarizing the cultural and linguistic needs of the community it services (Cultures Served at CRS of NA)	Report provided on 14 Sept 2007	Report provided on 14 Sept 2007	Susan Boness	
CC 3	CRS Flagstaff must have documentation in medical record when the member is provided interpretation services.		FMC CRS has reiterated to all staff that they must document the use of InSync in every patient record. This was reiterated to all Medical Providers in the 14 Sept 2007 provider newsletter (Letter to CRS Providers Sept 2007)	Ongoing	Ongoing	All FCRS staff and providers	
CC 6	CRS Flagstaff must ensure the competence of the language assistance provided by staff.		FMC CRS has stopped using staff to translate for nonmedical purposes. Note: We do believe that this will negatively affect communication for social reasons with our patients.	Immediately	Ongoing	All FCRS staff and providers	
FM 1	CRS Flagstaff must submit accurate, complete and timely financial statements consistent with CRS Financial Reporting Guide requirements. CRS Flagstaff must have processes in place to insure that reports that feed the financial statement package are updated and accurate.		FCRS has implemented a process of coordinating the completion of the quarterly financial review between the FMC financial office and the CRS office to ensure a thorough analysis of any variances over 5% with documentation in the quarterly financial report. The last three reports were turned on the day due, one day later or with an approved extension.	Ongoing	Ongoing	Susan Sauder and Joanne Parkes	

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GS 1	CRS Flagstaff must provide members with written Notices of Action and/or Notices of Extension that met required format standards. CRS Flagstaff must continue to report all prior authorization service denials case documentation to CRSA on a weekly basis.		As per the report, from Jan - Mar 2007, FCRS has correctly submitted case files in the correct format and improved in writing easily understood language. FCRS will continue and will forward any questions related to appropriate language to ADHS for review prior to sending to any patients or plans. Until CRSA states differently FCRS will continue to send all letters and a log to CRSA on a weekly basis.	Ongoing	Ongoing	Suzanne Tackitt	
GS 2	CRS Flagstaff must provide members with written Notices of Action that meet required content standards.		As per the report, the current policy and letter templates meet current requirements.	Ongoing	Ongoing	Suzanne Tackitt	
GS 3	CRS Flagstaff must provide members with written Notices of Action within the required timeframes.		As per the audit report, FCRS has significantly improved it's compliance over the past few months. The new CRSA service denial log now reflects the date of request, timeliness can now be determined.	Ongoing	Ongoing	Suzanne Tackitt	
GS 4	CRS Flagstaff must provide the member with a written Notice of Extension when taking more than 14 (standard) or 3 expedited) working days to decide initial request for service authorization, or when the CRS Flagstaff determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan.		As per the CRSA report, the current policy and letter templates meet current requirements	Ongoing	Ongoing	Suzanne Tackitt	

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GS 4A	CRS Flagstaff must provide members with written Notices of Extension that meet required content standards.		As per the CRSA report, the current policy and letter templates meet current requirements	Ongoing	Ongoing	Suzanne Tackitt	
GS 4B	CRS Flagstaff must provide timely, written notification to the member's primary AHCCCS plan when CRS Flagstaff determines that the service requested is not a CRS covered benefit.		As per the CRSA report, the current policy and letter templates meet current requirements	Ongoing	Ongoing	Suzanne Tackitt	
MM 1	CRS Flagstaff must ensure full implementation of utilization program requirements, including policies for Clinical Practice Guidelines and the dissemination of New Medical Technologies; monitoring inpatient, ambulatory surgery, outpatient, and other services; and analysis of data to identify variances and over/under utilization.		FCRS does have and follows the UM policies for Clinical Practice Guidelines and dissemination of New Medical Technologies in it's Provider Handbook. To improve the requirement for analysis of data, FCRS will include one analysis each quarter in the Program Oversight Guidance meeting. The quarterly analyses will include Office Visits, DME, Outpatient Svs (lab, rad, outpt surgeries), and inpatient. We will continue our review of the Top 20 drugs used by cost and by volume that has been ongoing for the past three quarters.	Next Program Oversight Meeting on 30 Oct 2007	Ongoing	Pam Garcia	

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MM 2	CRS Flagstaff must document the service utilization committee or forum discussions including their purpose, attendees and meeting schedule. CRS Flagstaff must analyze service utilization aggregate data, report trends and variances, and develop interventions, and review results.		FCRS does document UM review in it's Program Oversight Committee meetings. FCRS will improve in the requirement for analysis of data, FCRS will include one analysis each quarter in the Program Oversight Guidance meeting. The quarterly analyses will include Office Visits, DME, Outpatient Svs (lab, rad, outpt surgeries), and inpatient. We will continue our review of the Top 20 drugs used by cost and by volume that has been ongoing for the past three quarters.	Next Program Oversight Meeting on 30 Oct 2007	Ongoing	Pam Garcia	

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MM 3	CRS Flagstaff must revise the Prior Authorization, Concurrent, and Retrospective review processes to specify that the staff who are involved in medical necessity determination, including the Medical Director, shall participate in inter-rater reliability training and testing. CRS Flagstaff must indicate on the Concurrent and Retrospective Review processes that the medical review professional staff ( RN, BSN, Nurse Practitioner) has appropriate training to apply CRS medical criteria or make medical decisions. CRS Flagstaff must update the Concurrent and Retrspective Review forms to indicate place of service. CRS Flagstaff must amend the concurrent review process to clearly stste that all prior authorized stays will have aspecific date by which the need for continued stay will be reviewed. CRS Flagstaff must developed a process and document meeting timelines for concurrent review and the actions taken when timelines are not met. CRS Flagstaff must clearly document the reason for denying the payment for a claim rather than denial of service and must ensure		FCRS UM staff to include Dr Austin and Pam Garcia participated in the initial CRSA inter-rater reliability process sent to sites 6/28/2007 and did partipate in the process sent 8/30/2007. Also both Dr Austin, Pam Garcia, Donna Kapellan and Sheila Schill attened InterQual training held 6 Aug 2007. FCRS updated it's policies for Concurrent and Retrospective Review on 6 Sept 2007 to indicate that all RNs performing UM apply CRS medical criteria or make medical decisions within the scope of their license. FCRS has updated the concurrent and retrospective review policies to indicate the Place of Service and that a specific date for rereview has been identified. The addition of a timeline to review concurrent stays will improve the process of verifying timelines have been met for concurrent review. FCRS will improve it's documentation on retrospective reviews to more clearly identify why any service has been denied. <b>(Concurrent Review, Retrospective Review)</b>	6-Sep-07	Ongoing	Pam Garcia	

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MM 5	CRS Flagstaff must revise their Prior Authorization process to include non formulary medications on their list of services to be prior -authorized. CRS Flagstaff must clearly document what has been denied, the reason for a denial and ensure that the notice to the provider, AHCCCS, and /or the family is sent timely and meets medical and legal requirements.		FCRS has revised it's prior authorization process to include nonformulary medications to be in compliance with the 7/1/2007 version of the RCCPM. FCRS will improve it's documentations for PSR denials and does forward PSR denials to the Compliance clerk who ensures that a notice to the provider, AHCCCS, and the family are sent. <b>(Prior Authorizations)</b>				
MM 6	CRS Flagstaff must ensure that its Medical Director will participate in inter-rater reliability (IRR) training and testing. CRS Flagstaff must conduct regular checks for consistent application of standardized criteria, including IRR review criteria, and document the findings.		FCRS's medical director attended InterQual training on 6 Aug 2007 and has participated in the initial CRSA inter-rater reliability process sent to sites 6/28/2007 and 8/30/2007. FCRS will review any information provided as a result of the inter-rater reliability program results and use this information to check for consistent application of standardized criteria and will document these finding in the Program Oversight committee minutes.	6-Sep-07	Ongoing	Pam Garcia	

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MM 6A	CRS Flagstaff must ensure that its Medical Director will participate in inter-rater reliability (IRR) training and testing. CRS Flagstaff must conduct regular checks for consistent application of standardized criteria, including IRR review criteria, and document the findings.		FCRS's medical director attended InterQual training on 6 Aug 2007 and has participated in the initial CRSA inter-rater reliability process sent to sites 6/28/2007 and will participate in the process sent 8/30/2007. FCRS will review any information provided as a result of the inter-rater reliability program results and use this information to check for consistent application of standardized criteria and will document these finding in the Program Oversight committee minutes.	6-Sep-07	Ongoing	Pam Garcia	
MM 7	CRS Flagstaff must create a process to evaluate and document the consistency with which individuals involved in decision-making apply the standardized criteria. CRS Flagstaff must develop a process to take action when criteria are not being applied in a consistent manner. CRS Flagstaff must revise the concurrent review process to indicate that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed.		FCRS has updated the concurrent and retrospective review policies to indicate the Place of Service and that a specific date for rereview has been identified. The addition of a timeline to review concurrent stays will improve the process of verifying timelines have been met for concurrent review. <b>(Concurrent Review, Retrospective Review)</b>	12-Sep-07	Ongoing	Pam Garcia	

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MM 8	CRS Flagstaff must create a process to evaluate and document the consistency with which individuals involved in decision-making apply the standardized criteria, and to take action when criteria are not being applied in a consistent manner. CRS Flagstaff must revise the concurrent review process to indicate that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed.		FCRS has participated in the initial CRSA inter-rater reliability process sent to sites 6/28/2007 and will participate in the process sent 8/30/2007. FCRS will review any information provided as a result of the inter-rater reliability program results and use this information to check for consistent application of standardized criteria and will document these finding in the Program Oversight committee minutes.	6-Sep-07	Ongoing	Pam Garcia	
MM 9	CRS Flagstaff must ensure that concurrent reviews meet required timelines with documented new review dates. A corrective action plan for missed timelines must be established.		CRSA reviewed one record for one out of state patient. In the nine day period they were hospitalized, FCRS did follow up on care but Stanford did not return the phone call. During next FY, all out of state patients will be managed by Phoenix who will be responsible for concurrent review. There was no feedback in this report related to concurrent reviews of FCRS patients, therefore FCRS is unsure what must be improved in relation to concurrent review timelines for these patients..	Ongoing	Ongoing	Pam Garcia	



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MM 9A	CRS Flagstaff must revise their Retrospective Review form to include all required elements for retrospective review. CRS Flagstaff must include Medical Director in their Inter-Rater Reliability testing; and indicate that in the Retrospective Review Policy.		FCRS has updated the retrospective review policies to indicate the Place of Service and that a specific date for rereview has been identified. The policy was also updated to include the Medical Director in the Inter-Rater Reliability testing. <b>(Retrospective Review)</b>	13-Sep-07	Policy was updated on 13 Sept 2007	Pam Garcia	
MM 10	CRS Flagstaff must ensure coordination of care with all PCPs of AHCCCS members by copying all services to primary physicians. CRS Flagstaff must include appointment times, attendance to complete transfer tracking and incoming total transfer information in the transfer log.		All transcriptions are currently forwarded to all PCPs by our medical records clerk. The bottom of each dictation includes a comment that it was sent to the PCP and the date on which it was sent. This date is manually entered on the on the bottom of the each transcription by our medical records clerk. FCRS has updated it's transfer log to include a column to track appointment dates and attendance at the appointment. Incoming total transfers had been logged on the new member enrollment log which contains a column to identify if the patient is a transfer or not. <b>(see newest transfer log which was sent to Jennifer Vehonsky on 14 Sept 2007)</b>	Ongoing, log updated in Sept, sent to Jennifer Vehonsky on 14 Sept 2007	Ongoing, log updated in Sept, sent to Jennifer Vehonsky on 14 Sept 2007	Cindy Rozum and Suzanne Tackitt	

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NS 1	CRS Flagstaff must meet 45 day timelines for members' referrals to specialty clinic appointments. CRS Flagstaff must analyze the availability of specialty providers within in its catchment area and formulate a plan to meet specialty appointment needs of its members, whether by increasing membership in the provider network and agreements for the provision of services by out of network specialists, increasing the number of clinics held on site, and /or seeking specialty services for its members via partial or full transfers to other CRS sites.		Gaps were identified in Genetics, Neurology, Neurosurgery and Ophthalmology. This gap analysis was based upon 43 patients seen in 11 separate clinics which is not a statistically significant volume. Genetics: The FY08 contract was revised to eliminate field clinics. We are in the midst of negotiations with the genetics provider to offer 1 ½ day clinics at Flagstaff every month beginning in Dec 2007 which will offer services every month instead of previous every 60 days plus field. We believe this change will meet the 45 day requirement. Neurology: A backlog was caused by the departure of Dr Tarby. We have added Dr Narayanan and started an additional quarterly Friday and Saturday clinic in May 2007. We are still actively working with St Joes for additional neurology support, however due to the major shortage of pediatric neurologists in Arizona, we anticipate about a 50-60 day lead time for this service.	Ongoing	Ongoing	Joanne Parkes and Dr Austin	

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NS1 Cont			Neurosurgery: Due to the very low volume of demand for neurosurgery services, we only offer this clinic every 60 days. The neurosurgeon does work in Flagstaff so we will work to provide office visit opportunities to these patients to meet the 45-day timeframe. Ophthalmology: The ADHS analysis reviewed two patients. One met the standard of 45 days, the other did not. The average of the two was 45 days which is the standard. Beginning in Sept 2007, we will offer these new patients the opportunity to obtain their first appointment in Phoenix. Joanne Parkes has called every ophthalmologist in Phoenix and Tucson and asked if they wish to offer services in Flagstaff. Every provider or provider's office stated that they had excessive demand in their community and were unwilling to travel. In September we will repeat this request to all ophthalmologists in writing.				

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NS 4	CRS Flagstaff must develop a written pharmacy policy / process. CRS Flagstaff must develop a mechanism to provide urgent pharmacy services to members during non-CRS clinic hours.		FCRS is working with the FMC pharmacy to create an option for CRS patients to obtain prescriptions from the in house pharmacy at FMC during non-CRS hours. This coordination must also be done with the ER since the patients need a location. Anticipate completion of this coordination by 31 Dec 2007.	Ongoing	31-Dec-07	Joanne Parkes	
QM 4	CRS Flagstaff must establish a policy/process for monitoring its delegated entities on an ongoing basis and review them formally at least annually. CRS Flagstaff must ensure that the subcontractor implements corrective action if any deficiencies are identified. CRS Flagstaff must have evaluation reports and CAP documentation. as necessary, to ensure quality for all delegated activities.		FCRS has established a policy titled Contract Monitoring for DME contractors with a checklist to evaluate compliance with their current contracts. <b>(Contract Oversight Monitoring for DME)</b>	Ongoing	Policy was created on 13 Sept 2007, checklist be followed upon annual evaluation of these contractors before the new contract is renewed.	Joanne Parkes	
QM 5	CRS Flagstaff must include a formal Corrective Action Plan (CAP) process in the CRS Flagstaff Policy and Process for Grievance/Appeals on an individual case basis and from a system perspective.		FCRS has updated it's grievance policy to include the identification, monitoring, and incorporation of interventions related to items identified as individual and or a system perspective from grievances. <b>(Grievance Appeal Policy)</b>	Policy was updated on 13 Sept 2007	Policy was updated on 13 Sept 2007	Susan Boness	
QM 9	CRS Flagstaff must demonstrate that the FMC board has approved amendments to the By-Laws and show implementation within the credentialing/re-credentialing files.		The audit report states that compliance with the CAP will satisfy this standard. FCRS is working with FMC Medical Staff to meet this requirement.	Jan-07	31-Jan-08	FMC Medical Staff Office	

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QM 10	Flagstaff Medical Center must approve the Bylaw revisions as outlined in the May 2nd, 2007 Corrective Action Plan and demonstrate implementation of those provisions.		The audit report states that compliance with the CAP will satisfy this standard. FCRS is working with FMC Medical Staff to meet this requirement.	Jan-07	31-Jan-08	FMC Medical Staff Office	
QM 11	CRS Flagstaff must ensure the consultation report is sent to BOTH the referring Physician and health plan/ program contractor within 30 days of the first clinic and is documented in the medical record. CRS Flagstaff must ensure the approval notices to BOTH the referring physician and health plan/program contractor are sent within 10 working days and are documented in the medical record. CRS Flagstaff must ensure eligibility denial notifications are sent to BOTH the referring physician and health plan/program contractor within 5 working days of denial determination and are documented in the medical record.		FCRS implemented a new process in June 2007 to meet this requirement. Our medical records clerk and compliance clerk ensures the documentation of the initial consultation is sent to the PCP and the AHCCCS plan if applicable. The bottom of each transcription now indicates the date that this was forwarded to the PCP and AHCCCS plan (if applicable). These are currently being sent via mail to the PCP and FAX to the AHCCCS plan with confirmations filed. FCRS is researching the option of the purchase of a FAX machine for the medical records clerk to use for forwarding documentation to the PCP. FCRS has added a new policy titled Case Management Care Coordination which outlines the timeframes for eligibility notifications. <b>(Case Management Care Coordination)</b>	Jun-07	Ongoing	Medical Records Clerk and Compliance Clerk	